HOMICIDE RELATED TO DRUG TRAFFIC*

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THE study of homicide has taken several important new directions during the last decade. The first is the acknowledgement that violence is not just a "crime problem," but that it is also an important public health problem. That the New York Academy of Medicine sponsors a symposium about homicide and the Centers for Disease Control establish a Violence Epidemiology Branch indicates this changing perspective.

Another new direction is the increased attention being paid to drug use and trafficking as important etiologic factors in homicide. This focus has grown from a broad range of studies conducted during the last two decades.[1-9] The accumulation of local studies has now begun to spawn some national estimates and to create new funding priorities for the federal government. I shall briefly review some local New York City findings, some recent national estimates and some funding initiatives undertaken by two federal agencies: the National Institute on Drug Abuse and the National Institute of Justice.

Preble conducted an ethnographic study of heroin addicts in New York's Spanish Harlem between 1965 and 1967. About 15 years later, in 1979 and 1980, he followed up the 78 participants and obtained detailed information about what had happened to them. He found that 28 had died. Eleven, 40% of the deaths, were homicide victims.[10]

Most years since 1958 the New York City Police Department has published an annual descriptive report about homicides. These reports have, on occasion, presented statistics about drug involvement in the homicide.[5] For example, from 1973 to 1977 Medical Examiners' reports were obtained as to the alcohol/drug content of homicide victims' blood. The proportions of homicide victims with alcohol, drugs or both in their blood ranged from 52%

*Presented as part of a *Symposium on Homicide: The Public Health Perspective* held by the Committee on Public Health of the New York Academy of Medicine October 3 and 4, 1985, and made possible by a generous grant from the Ittleson Foundation.

in 1973 to 42% in 1977. Additional small proportions of homicide victims (about 1% annually), while not having alcohol or drugs in their blood at the time of death, showed evidence of addiction, e.g., needle marks.[11]

In 1976 and 1977 prior arrest records were compiled for both homicide victims and arrested suspects. About 53% of victims and 74% of suspects had at least one prior arrest. Drug offenses were the most common prior arrest among both victims and perpetrators. In 1976 drug offenses accounted for 15.6% of all prior arrests of perpetrators (followed by robbery with 14%). In 1977 drug offenses accounted for 14.9% of all prior arrests of perpetrators (followed by robbery with 13.8%).[11] Statistics on drug histories of homicide victims are even more striking. In 1976 drug offenses accounted for 25.7% of all prior arrests of victims (followed by assault with 12.5%). In 1977 drug offenses accounted for 19.1% of all prior arrests of victims (followed by robbery with 10.7%).[11]

The 1983 New York City Police Department homicide analysis, based on 1981 data, reported that 24% of known New York City homicides were drug-related, and were the second most common form of homicide, following only the general category of "disputes." Handguns were used more often in drug related homicides (84% of the time) than in any other homicides. In robbery-related homicides, which ranked second in this regard, handguns were used 61% of the time. In 94% of drug related homicides, victim and perpetrator were friends or acquaintances.[12]

The New York City Police Department Crime Analysis Unit probably does the best job in the country in documenting drug-related homicides. However, other major cities, relying more on medical examiners than on police investigations, also report that substantial proportions of homicides are drug related. These proportions are generally in the 15 to 30% range, and include such cities as San Diego, New Orleans, Los Angeles, Philadelphia, Miami and Detroit.[13]

Given the consistency of these local reports and the general acknowledgement that drug use and trafficking are major causes of homicide, it is surprising and more than a little distressing that neither of the two national crime data bases systematically collect data on the relationship between drugs and violence. The National Crime Survey, administered by the Bureau of Justice Statistics,is inappropriate for this task because it surveys victims. The most appropriate data base for this effort would seem to be Uniform Crime Reports, administered by the Federal Bureau of Investigation, but this just does not do it.

Medical examiner data are limited from the start because they can only tell us about the victims. Such data do not provide information about the perpetrator or about the circumstances of the homicide. Further, medical examiners' offices vary in the quality of their equipment, their definitions of certain phenomena, their budgets and manpower. Because of the lack of reliable and routinely collected data in either the criminal justice system or medical examiners' offices, any conclusions about the nationwide impact of drug use and trafficking on homicide rates must be highly speculative. However, some estimates merit attention.

A recent report to the Alcohol, Drug Abuse, and Mental Health Administration conservatively estimated that 10% of homicides and assaults nationwide are the result of drug abuse.[14] The authors include the caveat that their estimate should be viewed as an approximation in the face of inadequate empirical data to support an estimate derived in a systematic fashion. Use of this conservative national estimate produces a drug-related homicide rate of about 1 per 100,000 population. This rate would be substantially higher in such major drug distribution localities as New York City and Miami.

In a recent report to the Carter Center of Emory University, it was estimated that in 1980 more than 2,000 homicides were drug related and, assuming an average lifespan of 65 years, resulted in the loss of about 70,000 years of life. It was further estimated that during 1980 more than 460,000 assaults were drug related, and that about 140,000 of those assaults resulted in physical injury leading to about 50,000 days of hospitalization.[15]

A brief explanatory note should be added. The topic of this symposium is indeed homicide. Yet data on assault keep cropping up in this report because homicide and assault are most often parts of the same continuum of behavior. The difference between a homicide and an assault may be the weapon used, the efficiency of the assailant or a simple matter of chance or luck.

A few examples from my current research should illustrate this point. A male heroin user in his mid-30s felt that he had been cheated in a small street drug transaction. He wandered the streets of the lower East Side, wearing sneakers, a sweat shirt, a baseball cap and carrying a baseball bat until he found the man who had cheated him. Immediately upon finding him, he attacked, hitting his target several times with the bat. He then fled the scene. Believing that he had killed his victim, he hid out in New Jersey for several weeks. Upon receiving word that his victim had survived, and hence was an assault statistic rather than a homicide statistic, our subject returned to

the lower East Side. The two parties have since seen each other on the streets, but no further incidents have occurred.

The incident described above was related to street level drug trafficking. The next account concerns domestic violence in the drug world. A female opiate addict in her 30s was beaten frequently by her boyfriend, with whom she lived. The fights were usually about drugs, with one party accusing the other of not sharing drugs or the money with which to obtain drugs. The woman had obtained an Order of Protection from the court, but it proved to be no protection. Finally, the woman decided to kill her boyfriend. She served him a tuna fish sandwich and a cup of coffee for lunch one day. She had sprayed the tuna fish sandwich with half a can of Raid. Then she had crushed 400 mg of Elavil and mixed it into the coffee. She stated that her boyfriend slept for two days, and then woke up hungry as a bear. She lamented "the bastard just won't die." Obviously, this particular attempted homicide does not appear as a statistic in any official record.

As a follow-up to this account, the two are still living together. After a particularly ferocious beating, the woman had the man arrested. While he was in jail she invited another man to be her roommate. When her boyfriend was released he moved back in. The three lived together in a rather uneasy triad. Then the roommate was caught stealing drugs and money from the woman's purse. The boyfriend gave him a terrible beating and threw him out, apparently with the woman's approval. The ex-roommate is now threatening that when he recovers from his injuries, he will kill the boyfriend. Thus, we may have a homicide statistic in the making here, though who may wind up killing whom in this three-way relationship is anyone's guess.

I said earlier that I would discuss some recent funding initiatives by the federal government. I have personal knowledge of three current grant awards, being the fortunate recipient, and so will focus the discussion on them. Two are from the National Institute on Drug Abuse and one is from the National Institute of Justice. The two scenarios presented above were documented as part of the National Institute on Drug Abuse studies.

Both grant awards from the National Institute on Drug Abuse are to conduct two-year field studies on the lower East Side of Manhattan concerning the health consequences of drug use. One study involves 150 men and is now in its second year. The other involves 150 women and was just funded last month. Both studies emphasize violence as a critically important health issue for which rigorously collected data of broad scope are currently unavailable. Both studies also constitute an empirical test of a tripartite conceptual framework to explain the relationship between drugs and violence.

I have presented this conceptual framework before,[19] but will briefly summarize it here.

Drugs and violence are conceptualized as related in three possible ways: the psychopharmacologic, the economically compulsive and the systemic. In the psychopharmacologic model some people, as a result of short or long-term ingestion of specific substances, may exhibit irrational or violent behavior. Substances commonly associated with this mode of violence include alcohol, stimulants, barbiturates and PCP (phencyclidine). It should be noted that drug use may also have a reverse psychopharmacologic effect and ameliorate violent tendencies. In such cases, people prone to violent acting out may engage in self medication to control violent impulses. Drugs chosen for this purpose are typically heroin or tranquilizers.

According to the economically compulsive model, some drug users engage in economically oriented violent crime (e.g., mugging) to support costly drug use. Heroin and cocaine, because they are expensive drugs characterized by compulsive patterns of use, fit this model well. However, most users avoid violent acquisitive crime if they have nonviolent alternatives, partly because violent crime is more dangerous and carries an increased threat of prison. Such users more commonly obtain cash or drugs by working within the drug business, or by engaging in petty theft, prostitution[17] and a variety of miscellaneous "hustling" activities.[18]

In the systemic model, violence is intrinsic to involvement with any illicit substance. Systemic violence refers to traditionally aggressive patterns of interaction within the system of drug distribution and use. Substantial numbers of users of any drug become involved in distribution as their drug-using careers progress, and they therefore risk becoming a victim or a perpetrator of systemic violence. Examples of systemic violence include "wars" over territory between rival drug dealers, assaults and homicides committed within dealing hierarchies to enforce normative codes, robberies of drug dealers and the usually violent retaliation by the dealer or his bosses, elimination of informers, punishment for selling adulterated or phony drugs or for failing to pay one's debts.

An example of systemic violence from the ongoing National Institute on Drug Abuse research concerns a drug dealer who operates out of an apartment on the lower East Side in New York City. Prospective purchasers would line up in the hallway of the apartment house and give their money to a young Hispanic woman who worked for the dealer. The woman would then get the drugs from the dealer and give them to the buyers. Dealers seldom allow customers into the space where the drugs are actually kept.

One day the line was long and three black men waited patiently to make their purchase. Finally it was their turn. However, the woman bypassed them in favor of two Hispanic men at the back of the line. The Hispanic men made a large purchase and the woman announced that the dealer had sold out for the day. The blacks were furious. An argument ensued, shots were fired, and one of the Hispanic men was killed. The woman was fired by the dealer for not doing her job properly.

I have recently received reports that the AIDS epidemic may be responsible for a new wave of systemic violence among drug users. This violence revolves around the sale or sharing of needles and syringes (referred to on the streets as "works"). Some intravenous drug users are upset when friends who had previously shared their "works" with them now refuse to do so. Such situations have developed into disputes and culminated in fights and stabbings. Assaults and several homicides have also occurred after one person had used another's "works" without permission. Finally, some people who sell needles and syringes on the street have been fraudulently claiming that the used "works" that they are selling are new and unused. Purchasers who have discovered that they were duped have gone back after the sellers and administered retribution. While such retribution generally only involves a beating, we have reports that some homicides did occur in this situation.

There are no definitive data on the proportions of the violence engaged in by drug users that may be attributable to each of the three models. However, knowledgeable observers of the drug scene suggest that systemic violence accounts for most of the violence perpetrated by or directed at drug users. For example, Zahn points to the scarcity of drugs, their inelastic demand, the ready availability of guns among illicit drug users and traffickers, and concludes that homicide is likely to result. Zahn further showed that peaks in the homicide rate occurred during periods of establishing and maintaining markets for illegal goods (alcohol in the 1920s and early 1930s, heroin and cocaine in the late 1960s and early 1970s). This connection is explained by the need to control or to reduce competition, solve disputes between suppliers, eliminate dissatisfied customers and by the carrying of guns because of the constant fear of being caught by a rival or the police.[2]

In brief then, the two National Institute on Drug Abuse studies are designed to generate important qualitative data on the drugs/violence nexus in a particular area of New York City that has long been characterized by high levels both of drug activity and violence. Further, the two studies test a conceptual framework of the relationship between the two phenomena. The National Institute of Justice project takes a somewhat different focus.

I stated earlier that no national level criminal justice data bases exist that provide qualitative or quantitative information about the relationship between homicide and drugs. The National Institute of Justice grant, originally titled "Homicide and Drugs: A Statistical Analysis," is designed to address this knowledge gap. This is a joint effort by Narcotic and Drug Research, Inc., The New York State Division of Substance Abuse Services and the New York State Division of Criminal Justice Services to develop a data collection system to examine the relationship between drug use and trafficking and homicide.

The agencies mentioned above will jointly solicit the cooperation and input of local law enforcement agencies through New York State in the design and use of a new data collection instrument to document the drug relatedness of all homicides reported during a specified time period. Substantive issues to be addressed will include, but not be limited to, circumstances of the homicide, prior drug use by both victim and perpetrator, involvement in drug trafficking by both victim and perpetrator, victim-perpetrator relationship and weapons used. Our efforts will be guided and influenced by the excellent reports already being done by the New York City Police Department Crime Analysis Unit.

This project has two primary objectives. The first is to design and successfully operate a data collection system that can routinely document the drug relatedness of homicides. The second objective is to use the data generated by the new system to propose strategies to reduce the homicide rate. If successful, we would attempt to expand the system in a variety of directions. We would like to see this pilot project in New York State become a nationwide information system. We would like to expand the focus beyond homicide and to examine the drug relatedness of other sorts of crimes, such as assault and robbery. Finally, we would like to expand the sources of data so that information from medical examiners is fed directly into the system.

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